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ABSTRACT

Module 4 of a seven module package for child protective service workers focuses on coordinating efforts of a parent aide program for abused and neglected children and their families with the Department of Human Resources. Five activities deal with the following aspects of the interface: (1) criteria for determining which cases are suitable for trained volunteers; (2) the case referral process; (3) policies relating to volunteers; (4) the importance of understanding the goals and operation of a volunteer program; and (5) development of forms for efficient recordkeeping. Included are directions for using the media package and questions for discussion. (SBH)

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Module 4

Interface: Coordinating the Parent Aide Program With the Department of Human Resources

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SCA
DS
IP

Austin, 1979

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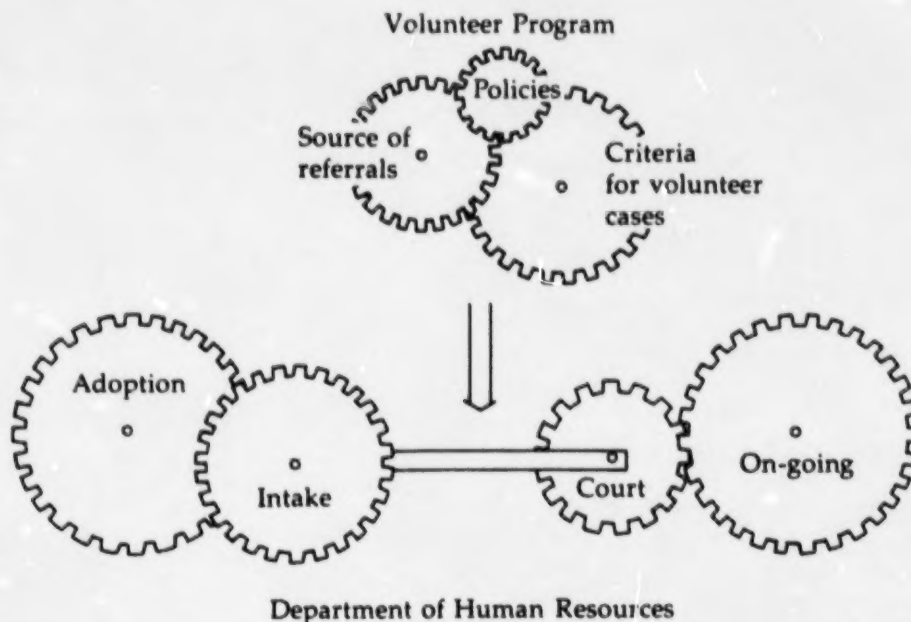
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Interface: Coordinating the Parent Aide Program With The Department Of Human Resources

"co-or-di-nate kō-'ord-n,āt

To bring into common action: regulate and combine in harmonious action."

Webster's Third New International Dictionary
G. & C. Merriam Company



Overview

Any new volunteer parent aide program must work to develop its legitimacy and credibility before it will become fully supported by the Department of Human Resources. Efficiency and clarity in dealing with the Department of Human Resources (and other agencies) will speed the acceptance process. The degree of coordination will vary depending on the model you choose.

Module 4

This module will focus on three aspects of the interface:

1. Criteria for determining which cases are suitable for trained volunteers.
These criteria must be clear so that volunteers only work with suitable cases and you can determine quickly whether a case needs to be referred elsewhere.
2. The case referral process.
Some parent aide programs get all their cases through the Intake Unit, while others rely more on self referrals and referrals from community agencies. Any new program must be clear about how and from where it will accept referrals.
3. Policies relating to volunteers.
Since volunteers do represent the Department of Human Resources, general departmental policies to guide their work-related actions are necessary.
4. Bringing others along.
Misunderstandings and resistance can develop unless all protective services professionals understand the goals and the operation of a volunteer program.
5. Developing forms.
Efficient interface with the larger organization necessitates clear and efficient record keeping.

Outcomes

At the completion of this unit you will have:

1. written criteria for determining which cases are suitable for volunteers;
2. decided upon your primary means for getting new cases;
3. developed policies to help volunteers move smoothly into your organization;
4. listed ways to enlist the support of other staff members;
5. designed forms to document your program.

Activities

1. Case Criteria
2. Referral
3. Policies
4. Bringing Others Along
5. But If I'm Doing It, Why Do I Have to Write About It, Too?!

Case Criteria

"It is our recommendation, then, that the initial case selection be done with the greatest of care and attention."

Phoenix Parent Aide Program

Discussion

Deciding in advance which cases you will accept for volunteers and which you will refer to other units will increase the effectiveness of your organization. Most parent aide programs have the case selection criteria written out and distributed to Intake and other appropriate DHR units (as well as to your parent aide staff). This usually results in improved service delivery and greater credibility, which may lead to more referrals from Intake.

In this activity you will read three short statements about case selection criteria written by three different projects. After reading and discussing them, you will develop your own criteria. To make sure that your criteria are clear and comprehensive enough, you will be asked to apply them to seven hypothetical cases.

Directions

Read the case selection statements from three parent aide programs. They are:

- Lay Therapy — Intimacy as a Form of Treatment for Abusive Parents — describes which cases respond best to lay therapy.
- Case Selection — a statement by the Phoenix Parent Aide Project which emphasizes that cases must be carefully selected. Gives an example of good case selection.
- Office Memo to Intake Staff — outlines which cases the Dallas area Family Outreach Centers will accept and which cases will be investigated by Dallas County Child Welfare (DCCW).

Since they are brief, each person may want to read all three, or you may divide them among yourselves with each person reading only one. When you have finished, turn to the discussion questions.

Lay Therapy — Intimacy As A Form of Treatment for Abusive Parents

From: "Training Manual for Parent Aide Coordinator," by Jeanne E. Fish and Margaret Presley of the Child Protection Team at the University of Kansas Medical Center.

The basic concept in lay therapy is that the provision of a supportive, nurturing person for the parent prevents unrealistic demands being made of the child.

There are several reasons why lay therapy is effective with certain parents. It is not recommended for parents who have severe emotional disturbances. The parents who respond best to this form of treatment are:

1. the extremely isolated parent
2. the parent with low self-esteem
3. the emotionally immature parent
4. the strict disciplinarian who is not aware of alternatives but is open to change
5. the parent who is abusive in situational crises that can be prevented through concrete services

The basic concept in lay therapy is that the provision of a supportive, nurturing person for the parent prevents unrealistic demands being made of the child. The parent is able to meet many of his own needs through this relationship and also learns adequate parenting from the nurturing received from the lay therapist.

Some situations in which lay therapists are especially effective are:

1. When an underlying psychodynamic relates to the parent's isolation from other persons socially, the presence of the lay therapist allows for closeness with another adult. This decreases the demand on the child to meet this need.
2. When emotional immaturity is related to abusive behavior, the introduction of the lay therapist in a nurturing role for the abusive parent is helpful. It is difficult for the parent to help the child to grow when they are emotionally at the same level.
3. In situations where strict discipline has been learned in the parent's own early years, the lay therapist is able to model alternate methods of discipline in the home with the parent. This is often less threatening than having this done by a social worker, nurse, or other professional staff person.
4. When low self-esteem of the parent causes unrealistic demands to be made of the child, the lay therapist acts as a catalyst in encouraging the parent to engage in new

Module 4 Activity 1

Parents who constantly expect rejection set themselves up for failure.

experiences which will result in success and a feeling of achievement. The supportive role of the lay therapist allows the parent to engage in new activities with the help of his friend, the lay therapist. After several successes, the parent is then able to risk new experiences alone. This activity allows the parent's need for achievement to be met through his own efforts. The child is then not required to constantly achieve perfection or face harsh punishment.

5. Parents who constantly expect rejection set themselves up for failure. The lay therapist refuses to be pushed out of the life of the parent or accept the negativism as a real interpretation of his worth. Constant pursuit of a close relationship helps the parent to feel that people can and do really care about them and can accept their faults and bad moods as well as their assets. As the parent's feeling of self-worth increases, the quality of the relationship with the child improves.

Case Selection

From: "Some Issues in the Implementation of the Parent Aide Concept," by Nancy Carrol and John Reish of the Phoenix Parent Aide Project

PA technique is powerful enough to be applied to more than just superficial family problem cases;

The abusing parent's needs for support and affection are so great that a parent aide can be considered as a useful adjunct to the social worker. Long-term cases with which workers have had little success, if any, were often referred to the PA program. In many cases, the PA was seen as the last resort prior to severance or at least permanent foster care for the children involved.

While respecting the strong need for all the help possible for the more severe cases of child abusing parents, it is our experience that the aides themselves have need for a sense of success, of making progress and getting somewhere, and ultimately a sense of self-competence, that needs to be sustained by their interactions over the long, grueling months of the duration of a particular interaction with a family. Some of our original families were quite severe ones who had been involved with governmental child protection agencies for years. In fact, some are still in the program, going on now into the third year, and they have made only slight, although detectable, progress. PA's spirits lag under the constant, unremitting failure of daily interactions with people who appear, even at this late date, incapable of significant change. This selection of severe or "hopeless" cases, although understandable from an administrative viewpoint, does have its detrimental side effects in a program such as this one.

... case selection plays a very important role in establishing a foundation of rewarding progress for the aides;

It is our recommendation, then, that the initial case selection be done with the greatest of care and attention. Certainly it is our feeling that the PA technique is powerful enough to be applied to more than just superficial family problem cases; it genuinely does appear adaptable and useful for actual child abuse cases. At the same time, however, the cases should offer at least a glimmer of potential improvement. We will come back to this point later in our discussion of the motivation level of the aides, but we feel it necessary to substantiate the point now that case selection plays a very important role in establishing a foundation of rewarding progress for the aides; given the rough going and its duration, a sense of competence is the one critical element that can keep the PA's operating at their most effective level. The case described below illustrates good case selection:

Module 4 Activity 1

"I knew she was a friend. She was there and that's all she wanted to be was my friend."

Mary had beaten and bruised her 8 year old son Jimmy with a plastic baseball bat. Jimmy is retarded, epileptic, hyperkinetic, and has gross brain dysfunctions. When it comes to Jimmy, Mary says "I've definitely got a temper. Some of it might be because I'm somewhat ashamed of him."

After the incident with the baseball bat, Mary consulted with the child's social education teacher and his principal, who recommended the boy be sent to a residential children's home; such was done. Then, two weeks before Christmas Mary got a call from the school, saying she could have him back; "we can't handle him." Neither could she. So Mary called Child Protective Services, was assigned a social worker and soon thereafter a parent aide. Jimmy was soon placed in foster care.

Mary initially felt her PA was a spy, but due to the PA's persistence and openness, this feeling passed. Mary initially had nothing to talk about. She said she never talked to adults so she felt dumb. She commented what was the use of cleaning her house — no one ever saw it anyway. Mary's PA has taught her how to sew clothes for herself and 7 year old daughter. It was during one of these sessions while the 2 women were laughing and chatting that Mary realized her PA was her friend. "I knew she was a friend. She was there and that's all she wanted to be was my friend. As soon as I got it through that thick skull of mine..."

Mary has moved out of state but continues to write and telephone her PA frequently. Mary had relinquished custody of her son prior to this move and he was adopted shortly thereafter. Mary still feels the frustrations of a single parenthood with her other child who continues to be in her care. But, "If it hadn't been for my PA I would be in jail now" she explains emphatically.

Office Memo to Intake Staff

October 29, 1975

RE: Intake Procedure (Family Outreach Center)

As a review of Family Outreach Center/DCCW Intake procedures (memo dated 3-1-75), let us all be reminded of the following:

DCCW Intake will investigate any Family Outreach Center referral in which placement and/or court action is indicated. If these types of referrals prove valid, DCCW Intake worker will request assignment of the case to an ongoing unit and not the Family Outreach Center. Referrals received by Family Outreach Center involving the following complaints will be investigated by DCCW Intake and are to be referred directly to DCCW Intake:

- | | |
|------------------------|---|
| 1. Abuse | 5. Severe medical neglect |
| 2. Abandonment | 6. Severe physical neglect |
| 3. Exploitation | 7. Adoption |
| 4. Incest/sexual abuse | 8. Severe mental illness of parent and/or child |

Referrals received by Family Outreach Center involving the following complaints will be investigated by Family Outreach Center:

- | | |
|------------------------|---|
| 1. Lack of supervision | 5. Pre-delinquency |
| 2. School problems | 6. Truancy |
| 3. Family conflict | 7. Financial need (not requiring placement) |
| 4. Borderline neglect | 8. Self-referrals |

In other words, Family Outreach Center will investigate any referral not involving placement and/or court action.

Thank you for your cooperation.

Patricia Brown, Northwest Dallas Project Manager
Barbara Cox, Richardson Project Manager
Linda McCabe, Irving Project Manager

cc: Mary Barrett, Regional Director of Social Services
Linda McCarley, Program Director
Bill Betzen, Unit 41
Pat Webster, Unit 20
Carol Redgern, Unit 18
Liz Hodges, Unit 21
Kathleen Spradleen, Unit 19
Eileen Kerr, Acting Supervisor, Family Outreach Center

Case Criteria — Discussion Questions

1. What criteria do other programs use for choosing cases for parent aides?
2. Which of these criteria seem most applicable to your own program? Why?

Directions

On the next page, write your own criteria for choosing cases for volunteers. You may want to include criteria in these four areas:

- A. Type/extent of abuse or neglect
- B. Age of child or children served by your project
- C. Perceptions of parent's situation/problems/potential for growth/emotional level
- D. Voluntary or non-voluntary clients

Refer to your "Philosophy Statements," and make sure your case criteria are consistent with these statements. When you have finished writing your criteria, turn to the "Seven Test Cases."

7 7 1 1 7 3 7 3 3 3 3 3 3 3 1 1 3 1

7 7 1 1 7 3 7 3 3 3 3 3 3 3 1 1 3 1

7 7 1 1 7 3 7 3 3 3 3 3 3 3 1 1 3 1

7 7 1 1 7 3 7 3 3 3 3 3 3 3 1 1 3 1

Seven Test Cases

Directions

Working *individually*, read over the Seven Test Cases. Write down 'Yes' or 'No' to indicate whether this case meets criteria for acceptance into your program. Do your best with the information available. When you have finished, come back together as a group and compare your answers. If your criteria were carefully stated, each member of your group should be in agreement about whether your volunteer program would work with each case. After comparing answers, you may need to 'tighten up' your criteria.

Case	Does Case Meet Your Criteria?
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	

Seven Test Cases

Case 1

Girl, age 7, has been in therapy at a mental health center for two years. Symptoms: extremely passive and lacking in spontaneity, no bladder control (no physiological reason) and hair falling out. Two older boys in family doing well. Mother puts extreme pressure on girl to 'behave,' sending her to room as punishment for very minor infractions of rules. No signs of any physical abuse. She was referred by counselor at mental health center.

Module 4 Activity 1

Case 2

Case was called into intake. Mother and toddler were walking in a shopping center. Child became irritable. Mother angrily started pulling child by the arm. Child threw herself down on the ground. Mother continued walking, while pulling the child by the arm. Caller believed child may have been hurt. Intake visit confirmed that child's arm was dislocated. Mother admitted anger toward the child. She seemed sorry for child's injury.

Case 3

Self referral. Woman called in. She has retarded 11 year old. She becomes increasingly furious with him and is afraid she will hurt him.

Case 4

Anonymous call from someone who said she is a neighbor. Reports 'wild' parties with drug abuse a major component. Three children, the mother, and a live-in boyfriend appear 'high' very often. Three boys aged three, seven, and ten are often inappropriately dressed for the weather and wear soiled clothing. There are no signs of physical abuse.

Case 5

Previously closed abuse case needs to be reopened. Father had severely 'disciplined' stepson on numerous occasions. Boy, age 8, had needed medical attention for bruises and dizziness due to blows. Father had been cooperative with child welfare caseworker in past and no incidents of abuse have been noted for over a year. Call from physician resulted in investigation. Boy appeared to be scared but not badly hurt. Former caseworker not available to work on case.

Case 6

Possible sexual abuse is confirmed. Sisters, age 11 and 13, acting in disruptive manner at school. Older sister confided to school counselor that her father has 'petted' with her and is afraid he will do the same with younger sister, too.

Case 7

Your inservice training with staff at maternity hospital has resulted in a phone call from a nurse who reports that a young mother refuses to hold her newborn, acts disgusted when baby's diaper is changed in her presence. She has no visitors and lacks a support system.

14-PN

Referral

"As community confidence in Family Outreach has grown, the self-referral rate has risen from 8.5% at the end of the first year to 51% at the end of the fifth year."

Paula Rosenstein in *Child Welfare*
Volume LVII, Sept./Oct., 1978

Discussion

The referral process had three components. A new program will need to make decisions about each of these components. They are:

1. from *whom* will you accept referrals?
2. *how* should cases be referred to you?
3. how will you *act* on those referrals that you receive?

To give you an idea of some of the options open to you, referral information from five different programs has been assembled. You will be asked to read the information, discuss issues and outline your own referral process.

Directions

Divide the Four referral process descriptions among the members of your group. Working individually, read over the descriptions, trying to determine how these projects answer the questions: 1. from *whom* will we accept referrals?

2. *how* should cases be referred to us?

3. how will we *act* on case referrals?

When you have finished, come back together as a group and share what you have learned so that each member of your group is familiar with all four programs, then answer the three questions which you will find on the pages following the readings. The programs are:

SCAN of Arkansas
Travis County Lay Therapy
Family Outreach, Dallas Area
Family Focus

Referral Process Descriptions To Family Focus Program

Guidelines For Referral From Protective Services Staff To Family Focus Program

Administrative Policies

1. Referrals will be accepted from an intake/ongoing worker or unwed mother worker.
2. Referrals from an intake/ongoing worker will be accepted *after* an investigation has been made of the complaint of abuse/neglect and the complaint has been determined to be *invalid* or *potential*.

If a worker has completed the investigation and determined the case invalid or potential and there are problems within the family which make the family "high risk," it is the referring worker's responsibility to *briefly* explain the program to the client. (I would suggest that you give them one of the Family Focus pamphlets. If they indicate interest, tell your client you will make the referral.) Clients in the Family Focus program have to be voluntary; so if your client does not indicate interest, the referral can be pursued no further.

3. Send the case through your supervisor to be closed with a recommendation in the closing summary for referral to Family Focus and also a statement indicating that you explained the program to the client and that he/she is interested.
4. The case will then be sent to Family Focus and we will handle it from there. (You have *no* additional forms to complete.)
5. There has to be a problem centered around a child six or under in the family. Services will not be limited just to those children under six, however, but will be extended to the whole family.

Examples of Cases which could be Referred:

1. Potential and invalid cases where no abuse or severe neglect is occurring now but the parents are expressing frustration, lack of concern, etc. regarding child care.
2. Potential and invalid cases where the family has problems, such as domestic strife, financial difficulties, socially isolated or children with specific overwhelming medical problems.
3. Mental or physical problems that indicate a high risk but no abuse and/or severe neglect is occurring now.

Examples of Cases which are not Appropriate for Referral:

1. Cases where there has been previous court action (i.e. we have had m/c of a child or filed a petition).
2. Long standing chronic or severe neglect.

Family Focus, Belton, Texas
Housed in Intake Unit

(They accept cases from both Intake and other agencies)

Instructions Forms

1. *Referral Form:*
This form is completed by the Family Focus Worker upon referral. The parent-aide will receive a copy of this form upon assignment of the case.
The original form is filed in the case record on the right hand side of the folder.
2. *Assessment Of Data:*
This is completed by the Family Focus Worker after interviewing the client. An assessment is then made and if this is an appropriate referral, a parent-aide is assigned.
3. *Statement of Understanding:*
This form is completed by the client when he/she enters into the program.
4. *Plan Of Service:*
This form is completed by the Family Focus Worker after contact with the client. It is used to identify areas that are "problem" areas in the family. This is shared with the family and parent-aide.
5. *Follow-Up Sheet:*
This form is completed by the parent-aide after each contact with the family. This form is also used to record any contacts to agencies or resources in reference to the client. These forms are turned in to the Department of Human Resources Office to be typed and filed in the folder. The parent-aide will receive a typed copy of the narrative.
6. *Letter Of Acceptance For/Closure Of Services:*
This letter is used to notify sources of referral of completion of services to a client by Family Focus.
7. *Authorization Of Release Of Info To Family Focus Records
From Medical Or Social Agencies:*
This form is completed when we need further information from another agency concerning services received by that client (i.e.: release of information for the client's therapist).
8. *Authorization Of Release Of Info From Family Focus Records
To Medical Or Social Agencies:*
This form is completed by the client if they want info from our records released to another agency. (i.e.: info released to a company commander for a specific purpose).

Referral Procedures For Agencies To Family Focus Program

1. Using the checklist of indicator/conditions which are characteristic of parents at risk or having parent-child relationship problems which might eventually lead to child abuse and neglect, the referring agency identifies candidates to be referred to the Family Focus coordinator.
2. The referrant discusses the Family Focus program with the prospective client to determine whether participation is desired. The following points should be explained:
 - a. The nature of assistance available.
 - b. Participation in the program will be voluntary.
 - c. The program is operated by the State Department of Human Resources through the services of staff and volunteers.
 - d. Ability to pay is not a criteria for entrance in the program, but those with adequate financial resources are expected to assume the cost for private treatment expenses which may be incurred.
 - e. Clients are not reported or recorded by DHR as abusing/neglecting parents.
 - f. If the prospective client is interested in Family Focus services, the referrant contacts the Family Focus worker to make the referral.
3. The Family Focus worker will call upon the prospective client at an established time to accomplish the following:
 - a. Explain in greater detail the prevention program.
 - b. Review the services available to the client and reach mutual agreement on the services to be provided.
 - c. Explain DHR responsibilities under the Family Code and the special status of Family Focus clients.
 - d. Establish a schedule for services.
 - e. Determine whether client is currently an active case and, if so, advise the referrant that DHR is working with the family.
4. Family Focus worker will return to introduce volunteer workers to the clients.
5. Family Focus worker will arrange for a progress report which will be available to the referrant.

Date: _____

Module 4 Activity 2

Referred By: _____

Referral Taken By: _____

Family Focus Referral/Profile Sheet

Family Name _____

Address _____

Phone _____

A. Parents Or Parent Substitutes In Home

1. Father
☐ Natural ☐ Legal

2. Mother
☐ Natural ☐ Legal

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

D.O.B. _____ Birth Place _____

D.O.B. _____ Birth Place _____

Ethnic Group/Primary Language/Education

Ethnic Group/Primary Language/Education

Soc. Sec. No. _____ Marital Status _____

Soc. Sec. No. _____ Marital Status _____

Income: _____ Employer: _____

Income: _____ Employer: _____

B. Children Sex Age

D.O.B. Comments

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

C. Names Of Int. Relative, Individual/Agency

Address

Tel. No.

D. Presenting Problems (which warrant referral to Family Focus):

Module 4 Activity 2

Worker _____

Date _____

Assessment Of Data

Family Focus Case Name: _____

Initial Interview:

Program explained

yes no

Statement of Understanding signed

yes no

Problems Inventory:

☐ marital problem

☐ pregnancy

☐ alcoholism

☐ heavy continuous child care responsibilities

☐ drug habituation/addiction

☐ physical abuse of spouse

☐ physical health problems

☐ recent relocation

☐ mental health problems

☐ overcrowded/inadequate housing

☐ new baby in home

☐ history of abuse/neglect as child

☐ argument/physical fight

☐ social isolation

☐ financial difficulties

☐ other (specify) _____

☐ mental retardation of parent _____

Disposition:

Appropriate Referral

yes

no

Risk of Abuse

High

Medium

Low

None

Risk of Neglect

High

Medium

Low

None

Parent Aide Assigned: _____

Date: _____

Contacts With Referring Agency/Individual:

Date: _____

Purpose: _____

Statement Of Understanding

It is my understanding that my participation in the Family Focus program is voluntary. I agree to allow the Family Focus worker and volunteer to offer services to me; however, at any time I wish to terminate my involvement in the program, I can do so. I further understand the reporting law of the Texas Family Code, the confidentiality of information regarding child maltreatment and the obligation of the Family Focus staff to comply with this law and Department of Human Resources policies and procedures.

Signature

Witness: _____

Date: _____

Note: Potentially sticky issue while working with family — the Division may get a child abuse complaint about this family — this complaint must be investigated. Try to let the family know this right from the start.

Module 4 Activity 2

Family Focus Plan Of Service

Name of Family _____

Objective of Services

Estimated Length of Time for Service Completion _____

Discussed with Family _____ (Date)

Discussed with Parent-Aide _____ (Date)

Date	Needs Assessment	Method of Meeting Needs	Planned Completion Date	Date Completed

**Family Focus
Follow-up Sheet**

Client _____

Date _____ Parent-Aide _____

Call made ☐

Call received ☐

Home visit ☐

Instrument of Parental Stress Service, Inc.
Oakland, CA

Module 4 Activity 2

**Family Focus
P.O. Box 1599
402 N. 8th Street
Killeen, Texas**

Dear

**This is to notify you that we have completed our services with the _____
family on _____**

We will be closing our records until such time that further services are requested.

If you have any questions, please contact me.

Sincerely,

Family Focus
P.O. Box 1599
402 N. 8th Street
Killeen, Texas

Dear

Thank you for the referral on the _____ family
for Family Focus Services.

We have contacted the family and will be providing services to them.

If you have any questions, please contact me.

Sincerely,

Module 4 Activity 2

**Authorization For Release Of
Information From Family Focus Records
To Medical Or Social Agencies**

To: _____

Concerning: _____

This is to authorize Family Focus to release information from their records to the above mentioned person or agency.

If only specific information is to be released, please list: _____

Signature of parent(s), guardian, attorney

Date

SCAN of Arkansas

Private Corporation under contract to Social Services

Client Flow

Almost all referrals to the agency come by telephone, from other agencies in the community, particularly Social Services and the Juvenile Court, and from neighbors, relatives, anonymous callers and self-referrals. A referral to the agency is taken by the local SCAN director or, if she is out on a case, by the assistant director or the secretary. For all reports, the SCAN director calls the Social Services coordinator to find out anything that Social Services may have in its records about the case and then prepares for the home evaluation. At this time a report is sent to the Central Registry.

All cases are evaluated by the local SCAN staff within 48 hours, but crisis cases are evaluated immediately, regardless of the time of day or night. During the evaluation, the SCAN director takes a non-threatening position with the family, offering help and trying to get the family to accept SCAN services. If there is any reason to suspect that abuse might have occurred or be potential, a lay therapist will be assigned and begin visiting the client at once. If the initial evaluation indicates that the case is a neglect case, it is reported to Social Services and referred to the appropriate agency.

Once the evaluation has shown that there has been abuse or severe neglect, or that there is potential for it, the case is entered in the SCAN caseload and begins to be reviewed at the semi-monthly SCAN staffing sessions. A preliminary case plan is made by the local SCAN director and the lay therapist, with assistance from the state SCAN coordinator and the Social Services coordinator in some (i.e., severe) cases, to provide any immediate services beyond the lay therapy, such as day care or counseling, which need to be arranged through Social Services. Besides the reviews at SCAN staffings, the case will be reviewed by the multidisciplinary team at the hospital if it is a hospital case or a particularly serious case, and possibly by the community consultation team in the counties that have one. The progress of treatment is subsequently reviewed as needed.

The main service offered by SCAN Volunteer Services, Inc. is lay therapy, which takes place during visits to the client's home. Depending on the severity of the case or the degree to which it is stabilizing, the intensity of the lay therapy counseling provided may vary widely. In general, the lay therapists strive for some form of weekly contact with their clients. In addition, clients may receive individual counseling or participate in Parents Anonymous.

As a case stabilizes, which may be six months or more after the initial referral, the intensity of the lay therapy will normally taper off from several visits a week to a much lower frequency. The agency continues to maintain contact with the client indefinitely, however, through a systematized six-month follow-up procedure. The case will be mentioned from time to time during staffing sessions and during the diagnostic review team meetings. In this way, SCAN is in a position to resume more intensive treatment as soon as there are signs of need for it. If an unstabilized client moves from the county or state, the case is referred to the appropriate agencies.

Travis County Lay Therapy

Housed in an Ongoing unit

Assess

Families eventually assigned to lay therapists are first referred to the project by child welfare intake investigation staff whose initial investigation has validated that abuse or life threatening neglect has occurred. The volunteer can be most effective when involvement with the abusive family is initiated immediately following the crisis situation surrounding the abuse. The Travis County Lay Therapy program director accepts cases at supervisor's case assignment meetings.

Refer

When a case is referred to the project, one of the volunteer supervisors conducts an extensive evaluation to determine the appropriateness of the referral. This evaluation further identifies the dynamics of abuse present in the family and secures family background information helpful for the volunteer to know.

Review

The volunteer supervisor then reviews and assesses the particular strengths of the volunteers that are available to accept new families. An attempt is made to match a volunteer with a family based upon the evaluation of the needs of the family and the qualities the individual volunteer has to offer.

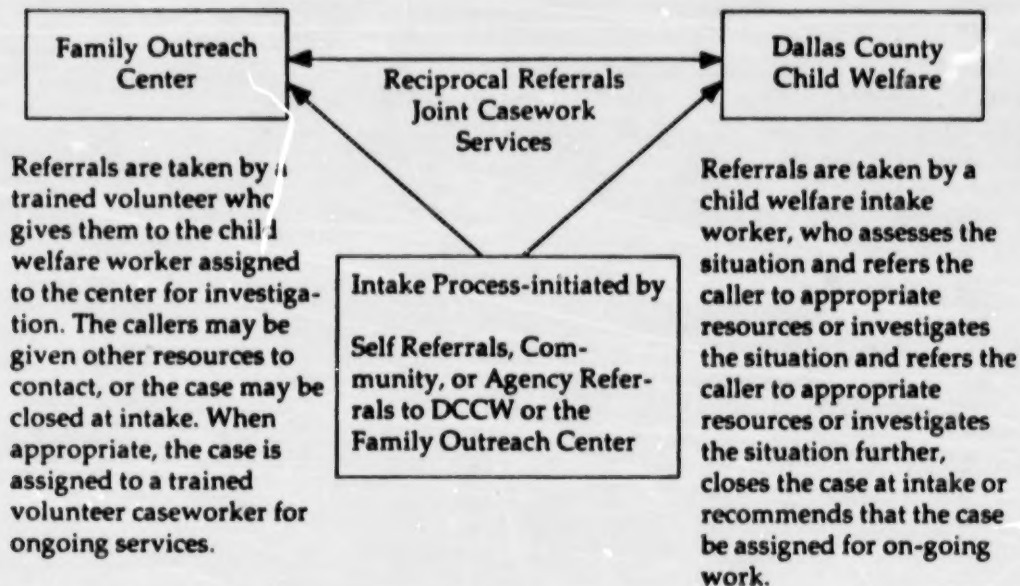
Match

A conference is then held between the supervisor and the volunteer lay therapist. The family history is thoroughly discussed and the lay therapist is given the opportunity to read the family case record. The supervisor also confers with the family to explain the lay therapy project and to schedule a meeting for the introduction of the volunteer to the family. Depending upon the family's reaction and degree of acceptance of the project concept and upon the volunteer's own level of confidence, the supervisor may accompany the volunteer on the initial visit with the family or may allow the volunteer to make the initial contact alone.

Family Outreach

Private Volunteer Organization

Referral Procedure for Service Requests



Module 4 Activity 2

**Family Outreach Program
Summary Of Referrals**

	Jan.-Dec., 1977	Jan.-Sept., 1978
Source:		
Self	196	241
School	71	39
Child Welfare	21	43
Neighbor	19	32
Relative	14	24
Law	12	5
Other	<u>50</u>	<u>45</u>
Total:	383	Total: 429
Disposition:		
Family Outreach	249	254
Investigation		
Child Welfare Intake	38	51
Professional Therapists or Agencies	53	78
Other	<u>43</u>	<u>46</u>
Total:	383	Total: 429

Note: The Grand Prairie Family Outreach Center opened in September, 1977. Statistics from that center are reflected in these totals for September-December, 1977.

Three Questions

1. From whom will you accept referrals?

Here is a partial listing of the costs and benefits of two referral options:

A. Obtaining Referral through the Intake Unit

Benefits

Don't have to set up own intake and investigation process.

Possibility of better coordination with intake.

Other:

Costs

It may take a long time before volunteer program develops enough credibility.
May not get enough cases.

May not be able to become involved in cases as soon as desirable.

(Many programs believe that the volunteer can be most effective when involvement with the abusive family is initiated immediately following the crisis situation which follows the abuse)

Other:

Module 4 Activity 2

B. Obtaining Referrals from Other Sources

Benefits

Can solicit the number and type of cases that suit the capability and focus of volunteer program.

Can generate more community awareness about child abuse.

Other:

Costs

Very time consuming — need people to answer phones, coordinate with other agencies, etc.

May generate more cases than the volunteer program can work with.

Other:

Directions

After reading this partial listing of the costs and benefits of two referral options, add other options to the list, if you like, and discuss which system would fit best in your volunteer program (of course you may decide upon a hybrid system). After discussing, write your answer to Question 1 in the space provided.

Question 1. From whom will your program accept referrals?

2. How should cases be referred to you?

This information will go out to all persons and agencies who will refer cases to you. It must be clear and in a step-by-step format. Look back over the information from Family Focus, particularly "Guidelines for Referral from Protective Services Staff to Family Focus Program" and "Referral Procedures for Agencies to Family Focus Program."

Directions

After reading over "Family Focus Guidelines" and "Procedures," write your own tentative guidelines here:

Question 2. How should cases be referred to your program?

Module 4 Activity 2

3. How will you act on the referrals you receive?

Action on referrals can mean two different things — how you respond to the client, and how you respond to the referring agency. You will need to answer both parts of the question. Look back over the information from other programs if you need more information.

Directions

Describe your sequence of events for acting on a referral, including both how you will respond to the client and how you will respond to the referring agency.

Questions 3. How will your program respond to referrals?

Policies

"We did not run into any obstacles in worker-volunteer relationships. We did run into differences of opinion, and it was part of the learning process for the volunteers to find out what our agency can and cannot do."

Donna Garrett, Project Director
of Family Focus

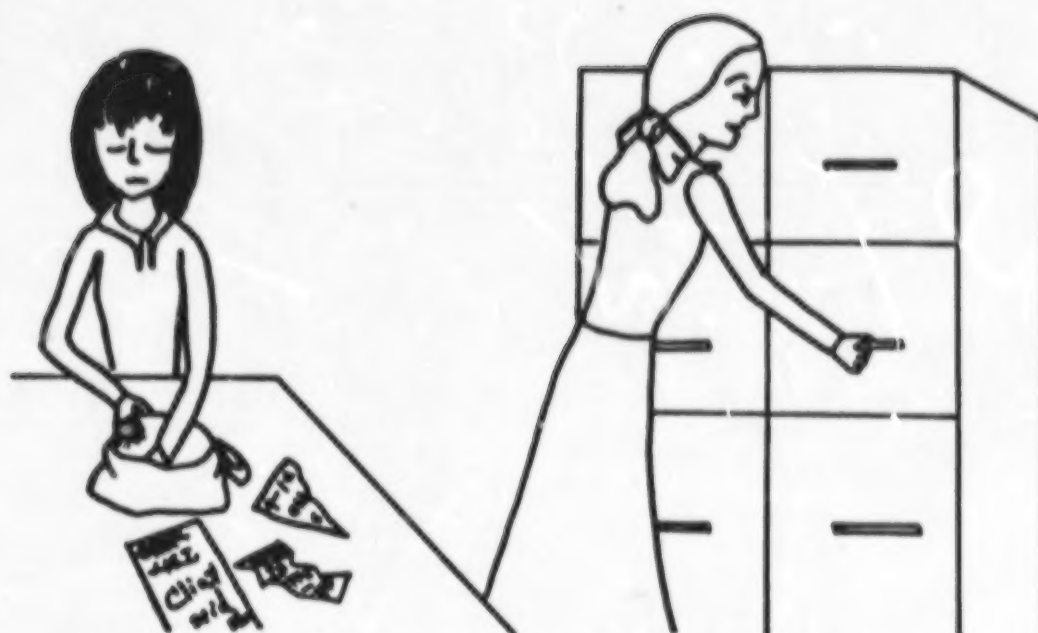
Discussion

In order to have a smooth relationship between the volunteer program and the Department of Human Resources, volunteers need guidance about the policies and regulations of the organization within which they are working.

Directions

- (A) Look at these seven cartoons which burlesque some of the problems which may occur when policies are not clearly stated to volunteers.
- (B) On the "Policy Page," write the policy which might have prevented each of these situations. Do this as a group. When you have finished,
- (C) Read over the policies that follow:
 - Family Outreach;
 - Project Children;
 - Suggested Provisions for Agreement Statement Between a Volunteer and the Agency from Goodwill Industries.
- (D) Discuss among yourselves which policies would apply to your own program. When you have finished, turn to the page entitled "Volunteer Policies."

Module 4 Activity 3



"Let's compare our written records before we go to court."



"Omigoshi the volunteers are striking!"



"Oh-no! Our new parent aide writes the gossip column for the Daily Star!"



"...so you can see why I don't need any further training to work with your program."

Module 4 Activity 3

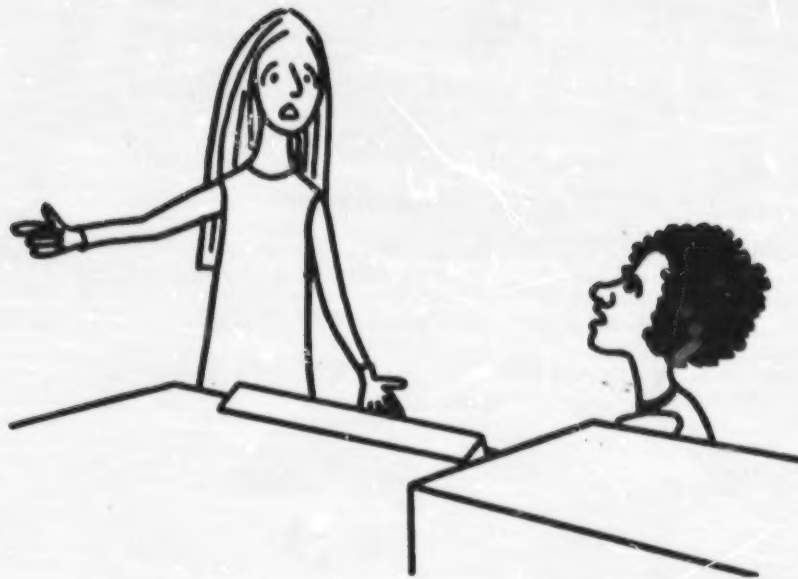


"But how can we fire her — We never hired her!"



"She's smarter than I am — She dresses better — She spends more time with the clients —
She must be after my job!"

Module 4 Activity 3



The R.A. is on the line! He wants to know why a volunteer just called and told him we are out of pencils!

Policy Page

Directions

Write the policy which could have prevented this situation.

Cartoon		Policy
1. improper records	1.	
2. disruptive demands	2.	
3. lack of confidentiality	3.	
4. resistance to training	4.	
5. firing	5.	
6. threat to workers' jobs	6.	
7. not using chain of command	7.	

Note: You may decide against developing policies for the seven problem areas shown in the cartoons at this time. Some of the issues may be dealt with later in orientation meetings.

**Family Outreach Program
Dallas County Child Welfare
Dallas, Texas**

Statement of Commitment

As a volunteer in the Family Outreach Program, I am willing to make a commitment to:

1. Serve one year
2. Give 13 (thirteen) hours per month
3. Attend in-service education and training as scheduled

As a volunteer, I understand that I am a part of the staff of Family Outreach and therefore I can be requested to resign from the position. Causes for dismissal from the volunteer staff include:

1. Failure to complete 75% of basic training.
2. Failure to work minimum time per month over a period of three (3) months.
3. Failure to attend training over a period of three (3) months.
4. When it is apparent that participation is a detriment to the Program philosophy or policy of DCCW; example:
 - a. Unwillingness to follow directions regarding procedures and policy
 - b. Unwillingness to consult with staff about parents prior to action
 - c. Casework without supervision
 - d. Failure to record visits in case records
 - e. Breach of confidentiality
 - f. Etc.

As a volunteer, I am also required to provide:

1. Current TB test results on an annual basis
2. Current Texas Driver's License, comprehensive with liability insurance.
3. The option to participate in "Volunteer Insurance" program.

Signature

Date

Witness:

Casework Coordinator

Project Children Parent Aide Expectation

The philosophy behind the concept of the parent aide or surrogate parenting is that a common need has been identified with parents who have abused their children — a need for love or "mothering." The parent aide tries to give these people who are damaged, suspicious, unfriendly and hurt, their first experience in mothering because these people missed out with their parents. The key point is that the aide is to "mother" the *parent*, not provide substitute mothering for the child. The child should reap the benefits of the relationship between the parent and parent aide.

As a parent aide, you will be expected to:

1. Commit yourself to a minimum of 2-5 hours per week to work with your assigned family.
2. Attend *training sessions* both before and after assignment of a family.
3. Be honest about your feelings and fears. An aide must be able to empathize with the parent, understand the urge to hit or otherwise injure the child in an attempt to make him behave. If your feelings are strong about parents who harm their own children, you must be able to overcome them or to recognize that you may need to offer your help in another capacity.
4. Your own life should be relatively satisfying. Don't expect the parent-patient to fulfill your need. It will be very frustrating — at least at first and you will need to go home and get "renewed."
5. A car is a necessity.
6. Parent aides must have a home telephone and must be available to the family that they are assigned to by phone. This is 24 hours per day. The parent aide is the recognized life line for that family.
7. In addition to the commitment of 2-5 hours a week, a commitment must be made to continue working with the family as long as necessary. This will normally be a 6-8 month period. In the event that it becomes impossible to continue with the family, we will need advance notification — at least one month.
8. Parent aides must work cooperatively with *the professional assigned to that family*. Three to four week contacts to discuss the case between the aide and the professional will be made. You must understand that you are responsible to report immediately a *dangerous situation to the professional* but may keep other information shared privately with you confidential if the family requests. This will be understood by all families who are assigned parent aides.

9. All information shared with you by the professional and by the family with which you work is *Confidential* — to be shared with no one except the professional.
10. On your first visit to the family you are assigned, you will go with the professional who is working with the family. After that, you will be expected to visit/talk with the family no less than once a week (this will be determined by you, the professional and the family). Specific examples of expectations include: taking the parent to coffee, going to the park or the zoo with her and her youngsters, etc. Conversations would be like those between any friend, except that the focus will be on the parent's need, talking about her problems. The one thing that is very important is that the aide must not interfere or tell the parent what to do and how to do it regardless of how strongly you feel.
11. *Be Patient* — it takes much time to gain trust of a parent who has never had a satisfying, trusting relationship with another person.
12. Don't be afraid to ask for help — the professional will be available to talk when you need someone to talk to. Be sure to call your professional.
13. Be aware of your own values and honestly assess how they might interfere with your working with different family situations. *You must be able to accept — without judgement — lifestyles different from your own.*

(Adapted from Parent Surrogate Program, CANCO, South Bend, Indiana)

Suggested Provisions For Agreement Statement Between A Volunteer And The Agency¹

The Volunteer agrees:

- To work a specified number of hours each week on a schedule acceptable to the agency
- To become thoroughly familiar with the agency's policies and procedures, both written and verbal, set forth by the agency for Volunteers.
- To be prompt and reliable in reporting for scheduled work, and to provide the agency with an accurate record of hours worked by signing in or out when entering or leaving.
- To notify the agency's Director of Volunteers if unable to work as scheduled. This will be done as early as possible to permit reassignment of another Volunteer.
- To attend orientation and training sessions as scheduled, and to undertake continuing education when provided by the agency to maintain continuing competence.
- To respect the function of the agency's paid staff and contribute fully to maintaining a smooth working relationship between paid staff and Volunteers.
- To realize that, while the agency and its paid staff welcome questions and suggestions from Volunteers, it is not the purpose of the Volunteers to supplant the staff. In particular, Volunteers will not seek paid staff positions with the agency.
- To carry out assignments in good spirit and to seek the assistance of the Director of Volunteers in any situation requiring special guidance.
- To consult with the Director of Volunteers before assuming any new responsibilities affecting the agency.
- To accept the agency's right to dismiss any Volunteer for poor performance, including poor attendance.
- To notify the Director of Volunteers in writing at least three weeks in advance of any resignation or request for leave of absence from the agency's Volunteer program.
- To exercise caution when acting on the agency's behalf in any situation, and to protect the confidentiality of all information relating to the agency.
- To abide by the decisions of the Volunteer Advisory Council on any matters in dispute between the agency and any Volunteer.

¹*How to Assure Responsible Volunteering in a Rehabilitation Facility*. Vol. 11 of *Volunteers in Rehabilitation*. Prepared by Goodwill Industries of America, Inc., for the Rehabilitation Services Administration, Social and Rehabilitation Services, U.S. Department of Health, Education, and Welfare, 1973.

Suggested Topics For Personnel Policies¹

- Absence and tardiness.
- Reporting accidents and incidents.
- Orderliness of work area.
- Personal appearance.
- Grievance procedures.
- Suggestions.
- Established standards for work performance.
- Change of status, address, etc.
- Supervision and evaluation.
- Awards, honors, and other forms of volunteer recognition.
- Personal behavior.
- Confidentiality.
- Personal belongings.
- Reimbursement procedures.
- Use of equipment and supplies.
- Leave of absence.
- Holidays.
- Vacation scheduling.
- Probation period.
- Insurance coverage.
- Parking arrangements.
- Lunch hours and coffee breaks.
- Purchasing procedures.
- Religious observances.
- Maintaining records.
- Sick leave.
- Use of telephone and other personal activities while on the job.
- Termination.
- Training requirements and educational opportunities.
- Transfers and promotions.
- Required health procedures (X-ray, exam, etc.).
- Recording hours of service.

¹*How to Assure Responsible Volunteering in a Rehabilitation Facility. Vol. 11 of Volunteers in Rehabilitation. Prepared by Goodwill Industries of America, Inc., for the Rehabilitation Services Administration, Social and Rehabilitation Services, U.S. Department of Health, Education, and Welfare, 1973.*

Volunteer Policies

Directions

Write your volunteer policies here. When you are finished, look over the "Suggested Topics for Personnel Policies" developed by Goodwill Industries to make sure you have policies to cover all relevant areas (you do not have to include everything).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper. A faint vertical crease is visible near the left edge, suggesting it might be part of a notebook or binder.

Bringing Others Along

"I know something you don't know."
Childhood Chant

Discussion

If any new program within an organization is to be a success, other members of the organization should be 'brought along.' Unilateral efforts by a small group in a large organization must receive at least the tacit support of peers and superiors in order to succeed. An independent effort that others find mysterious (and therefore threatening) will not be supported and may be sabotaged.

This role play should highlight some of the communication issues.

Directions

Choose a role from Scene One of the Roleplay Sequence and enact the scene (4 minutes maximum). Answer the two questions. Move to Scene Two. Role play the scene and discuss and answer the questions. Do the same with Scene Three. Then move to the Debriefing.

Scene One

You are the members of an intake unit in your organization. You heard for the first time from one of the secretaries that another unit is planning to begin a volunteer program. The secretary said that everyone is quite excited about the program because the volunteers will do therapy with the clients.

Roles: Members of Intake Unit
Secretary

1. What is your reaction?
2. Do you take any action? If so, what?

Scene Two

You are the supervisor of an intake unit in your organization. One of your workers has just brought you a memo she received. It contained a written set of guidelines for how to refer cases to the new volunteer program. She has heard about the new program through the 'grapevine.' You knew the program was in the planning stages, but this is the first time you've seen the guidelines in this memo.

Roles: Supervisor of Intake Unit
Caseworker

1. What is your reaction?
2. Do you take any action? If so, what?

Scene Three

You are the Program Director for Protective Services. The Project Director for the new volunteer program has a problem. She does not feel that she and her volunteer program are receiving cooperation from the Intake Unit. Virtually no cases have been received from Intake. The volunteer program has asked for cases soon after they are referred from Intake so the volunteers can visit with the family during (or soon after) the crisis period. You know the Intake Supervisor has received very little information about the volunteer program and does not feel inclined to cooperate.

Roles: Program Director for Protective Services
Project Director for Volunteer Program

1. How would you counsel the Volunteer Project Director?
2. What action(s), if any, will you take?

Debriefing

1. When you begin a new volunteer program in your agency, who (roles) needs to be 'brought along'?

2. What do others need to know about your program and what are some ways to tell them?

3. List ways to enlist the support of other staff members.

"But If I'm Doing It, Why Do I Have To Write About It, Too?!"

"You want my support? Show me that it works!"
American Homily

Discussion

Wouldn't it be lovely to be able to do something and not have to worry about documenting it? Unfortunately, we can never hope to continue in an innovative activity without documentation.

Documentation is good for these reasons:

- You can let superiors and peers know what contributions you have made
- You need documentation to get initial funding
- You need documentation for continued funding
- You can make needed revisions in your program
- If you're doing something good, other people will ask you how you did it — documentation can save you much time in responding to others.

Directions

Look over the "Necessary Documentation" list. Design the simplest, most straightforward form for each type and insert that into your Blueprint notebook. Note: this will not be a complete list of all documentation necessary for an innovative program. Documentation needs vary depending on funding sources, regional policies, etc.

Types Of Necessary Documentation

For the Volunteer

- client contacts (date; length of time; summary of content)
- mileage and costs (if you reimburse)

For the Volunteer Supervisor

- supervision log (date; name of aide; whether by phone, individually or group; notes)

For the Project Director

- number of clients served; length of time spent with them; reincidence rate
- number of parent aides recruited; trained; assigned; reason(s) for leaving program.

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Module 4

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Module 4 Activity 5

"Project Children. Parent Aide Expectation." Adapted from Parent Surrogate Program, CANCO, South Bend, Indiana.

"Suggested Provisions for Agreement Statement Between a Volunteer and the Agency."
How to Assure Responsible Volunteering in a Rehabilitation Facility. Vol. 11 of Volunteers in Rehabilitation. Prepared by Goodwill Industries of America, Inc., for the Rehabilitation Services Administration, Social and Rehabilitation Services, U.S. Department of Health, Education, and Welfare, 1973 in Fisher, Nancy, *op. cit.*

"Suggested Topics for Personnel Policies." *Ibid.*